

## ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
<b>FEES DETERMINATION</b>			
<b>O.I.P.E. CLASSIFIER</b>			5/14/01
<b>FORMALITY REVIEW</b>	S.B	JC 895	03-C1-01
<b>RESPONSE FORMALITY REVIEW</b>	M.H	675	05.27.01

## INDEX OF CLAIMS

✓ ..... Rejected  
 = ..... Allowed  
 — (Through numeral) ... Canceled  
 ÷ ..... Restricted

N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

Claim	Date	
Final	Original	
1	✓	
2	✓	
3	✓	
4	✓	
5	✓	
6	✓	
7	✓	
8	✓	
9	✓	
10	✓	
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Claim	Date	
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BEST AVAILABLE COPY

Claim	Date	
Final	Original	
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If more than 150 claims or 10 actions  
staple additional sheet here

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